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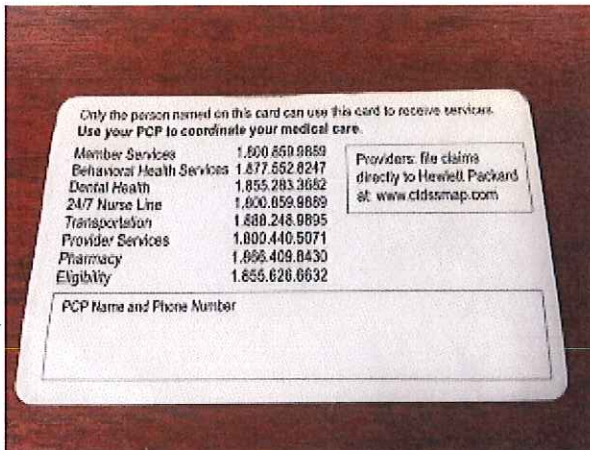
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Caring Families Coalition
20-28 Sargeant Street
Hartford, CT 06105

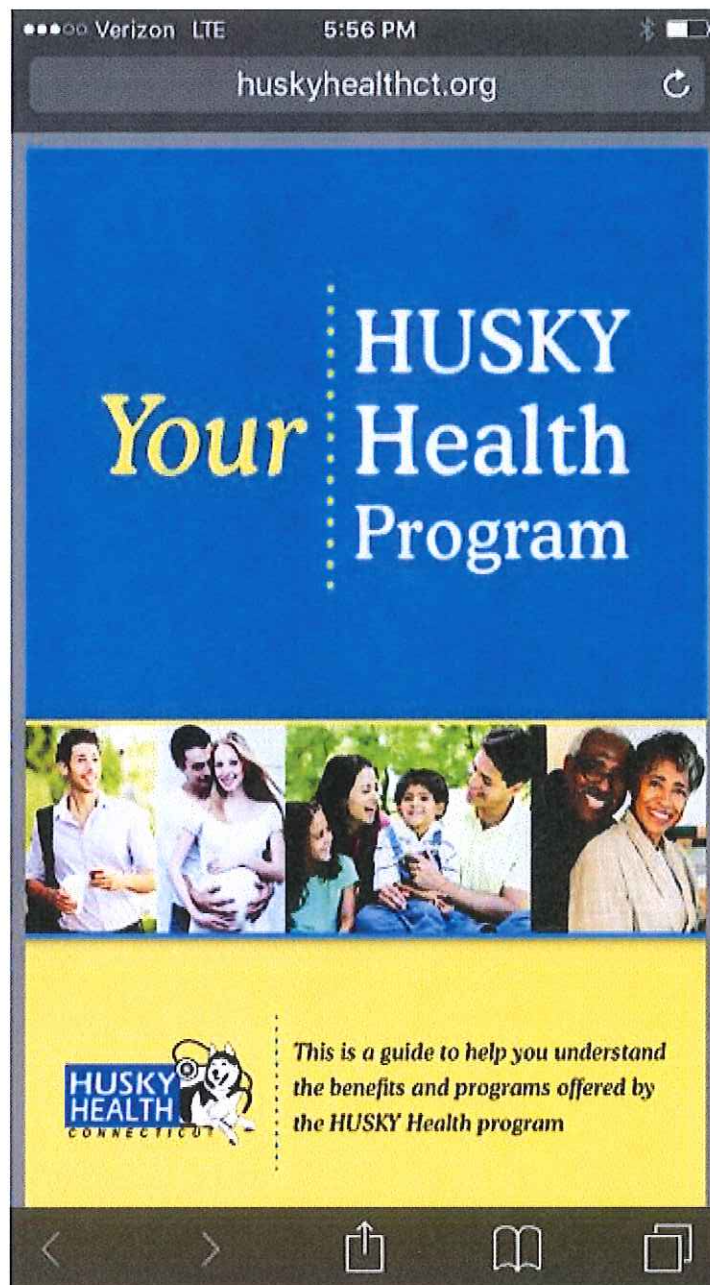
Dear colleagues:

Thank you for sharing with us the issue brief that you have forwarded to the Medical Assistance Program Oversight Council. We take the matters that you raise very seriously, and respect your interest in practical solutions. Please see below the Department's responses to your concerns.

CFC Statements	Department of Social Services Information
"DSS has a very sophisticated strategy to present a positive narrative and/or story about the progress being made by DSS regarding Medicaid. The narrative and/or story from the Medicaid enrollee perspective is not quite the same."	<p>DSS has invested considerable effort in sharing with policy makers and stakeholders the positive accomplishments that the Department, providers and members have achieved in HUSKY Health (Connecticut Medicaid and Children's Health Insurance Program, CHIP). We have done so using data that illustrates significant improvements in quality, care experience and reduced per member per month cost.</p> <p><u>We have been sharing this information to demonstrate the value and accountability of the Medicaid program to policy makers, stakeholders and the general public. It is important for us to communicate improvements in the overall quality of service to the more than 750,000 members of HUSKY Health, as we continue the momentum of health care reforms initiated by the Malloy-Wyman administration and supported by the General Assembly.</u></p> <p>That said, nothing that we have done is intended to minimize the experience of individual Medicaid members who may face issues or barriers, or to suggest that there are not many areas in which we are still working to improve.</p>
"The problem is that all of the confusion, frustration and anxiety caused by Logisticare's incompetence does not interfere with the DSS narrative . . ."	<p>DSS has clearly heard concerns expressed by Medicaid members and advocates and we are working hard with LogistiCare to improve quality, within the existing contract terms.</p> <p>For the last several years, we have used a single statewide broker arrangement with LogistiCare for NEMT. This replaced the former system of regional brokers, about which there were also many complaints.</p>

	<p>As we have monitored this program and worked to address issues raised by clients and stakeholders we have considered whether the current structure is the best means of ensuring quality NEMT services. To identify available options and best practice, we plan in the very near future to issue a Request for Information (RFI) seeking responses from potential NEMT vendors on ways to design, implement and manage an NEMT service that improves member experience, outcomes and controls costs. Based on the information gathered through the RFI we will develop detailed recommendations for issuance of a Request for Proposals (RFP) for NEMT services.</p>
<p>"It is very clear that neither DSS nor any of its contracting partners have a consumer friendly communication system in place."</p>	<p>DSS respectfully disagrees with this statement but invites and welcomes an opportunity to discuss with CFC advocates, and others, how to further improve its current systems.</p> <p>Please see below specific examples of the no wrong door approach that DSS and its Administrative Services Organizations have taken to educate and connect members to HUSKY Health services and supports. DSS is sincerely committed to ensuring that <u>all</u> HUSKY Healthy members know where to go for help, and that the means of doing so are accessible and easy to you. We ask CFC to help share the resources that we highlight below, and to make any suggestions that you have to improve on these.</p> <ul style="list-style-type: none"> Each member receives a card that includes all contact information for the ASOs as well as for pharmacy benefits. There is just one 1-800 number for each ASO, and each have extended business hours. The medical ASO also provides a 24/7 nurse line. This is what the back of the card looks like:  <ul style="list-style-type: none"> Each member receives a Welcome Guide that is also available through this link: <p>http://www.huskyhealthct.org/members/member_postings/welcome_letters/2016_Member_Welcome_Brochure.pdf</p>

This is what the Welcome Guide looks like:

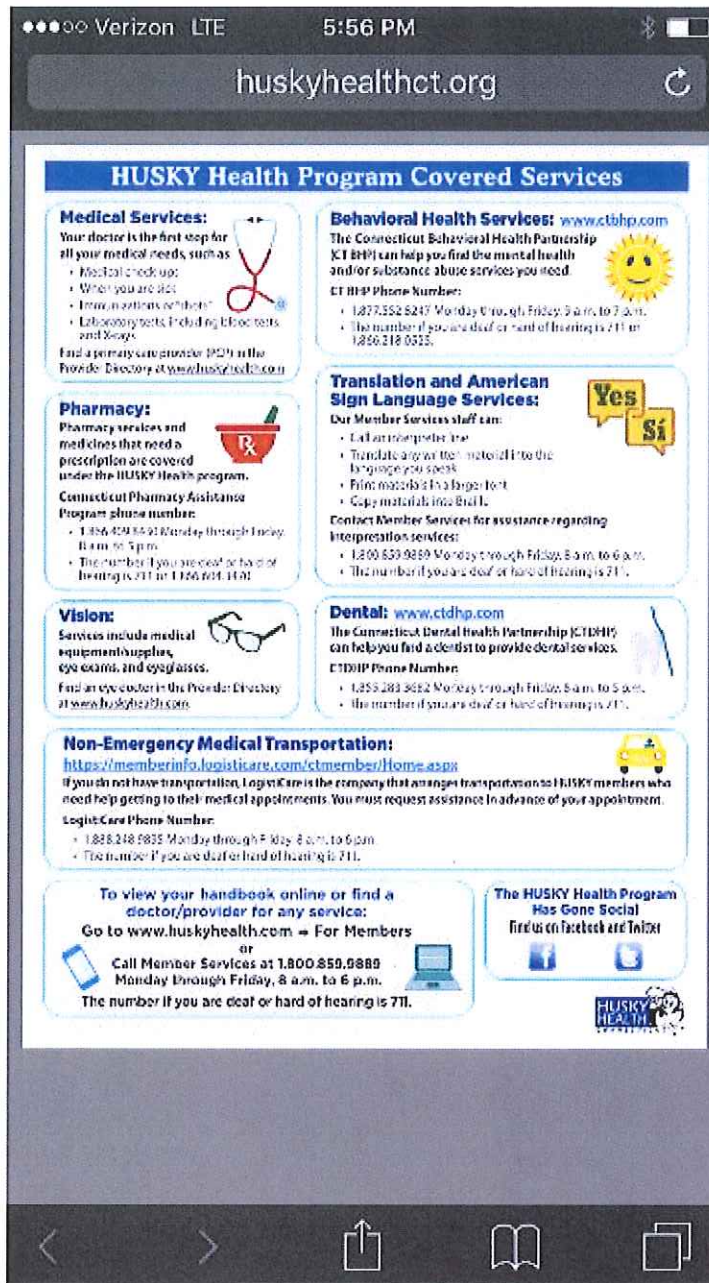


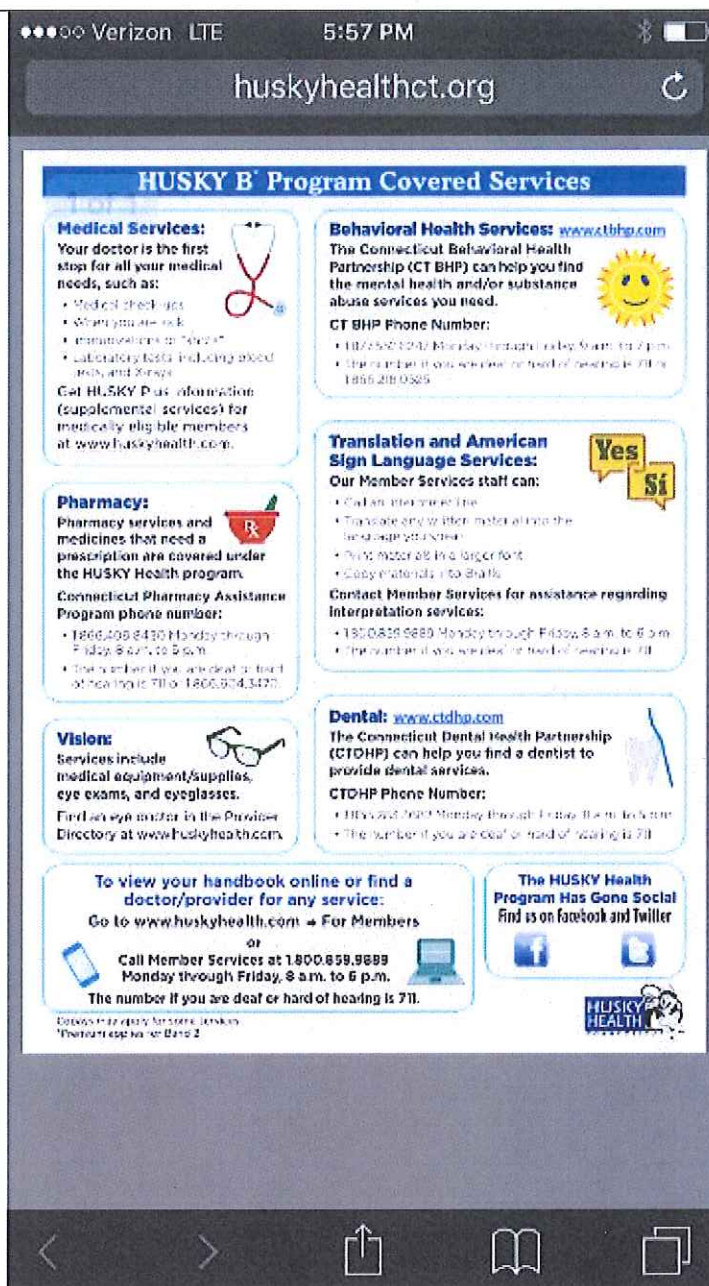
- CHN also produces Covered Services Quick Guides that are a great short-hand source of information on coverage and how to get help. There is one for HUSKY A, C & D and one for HUSKY B. Here are the links through which these are available:

http://www.huskyhealthct.org/members/member_postings/member_benefits/HUSKY_ACD_Covered_Services_2015.pdf

http://www.huskyhealthct.org/members/member_postings/member_benefits/HUSKY_B_Covered_Services_2015.pdf

This is what the Covered Services Quick Guides look like:





- CHN contracts with Safelink to offer HUSKY Health members a free cell phone with unlimited texting and 250 minutes of talk time through the Tracfone program. At the end of 2015, 85,132 members had a Tracfone.
- The ASOs also connect with members through specific mailings, email, live phone campaigns, text, and their Intensive Care Management programs. An important example of this is that the dental ASO, Benecare, makes direct calls to Medicaid members who not use dental benefits to remind them to do so.

We would also like to emphasize the following examples of direct engagement with Medicaid members:

- CHN has convened a Medicaid Member Advisory Workgroup. This group created an important set of videos featuring Medicaid member stories that are available at this link:

http://www.huskyhealthct.org/members/members_welcomevids.html

- Beacon Health Options, the behavioral health ASO, has convened a Consumer and Family Advisory Subcommittee under the Connecticut Behavioral Health Partnership (CT BHP). Beacon routinely seeks feedback from this group on documents and web page content to ensure that they are member-centric. Further, the Subcommittee was responsible for the entirely consumer-created and highly successful iCAN Conference that was held Hartford in 2015. This conference focused on educating the general public on what behavioral health services are available and how to access them. Here is an excerpt from the press release about the iCAN conference:

"The goal of the "iCAN" conference is to help consumers know they can successfully self-advocate for behavioral health services in order to live their lives to the fullest potential. Keynote Speaker Cortney Lovell, a spokesperson for Governor Cuomo's Combat Heroin Campaign, will speak on her own recovery and advocacy as the Director of Recovery Training and Education for Friends of Recovery New York and an active member of Young People in Recovery.

'Too many Connecticut families, young adults and youth receiving Medicaid services cycle in and out of our mental health and addiction systems because they are not accessing appropriate resources to gain wellness and self-sufficiency," said George McDonald, member of the CT BHP Consumer and Family Advisory Subcommittee. "In reality, Connecticut has an array of behavioral health and recovery programs; but consumers, agencies and providers are either unaware of them or they just don't share the information with each other.'"

- Finally, DSS has for many years convened the Money Follows the Person Steering Committee, which has advised and guided nearly every aspect of the state plan to rebalance long-term services and supports (LTSS). This committee includes many Medicaid members who receive LTSS.

<p>"DSS has great charts showing that progress is being made in the Call Center and in the application/redetermination systems . . . But the pain and anguish caused by the numbers of people who can't get through or who have their papers lost is still real and harmful."</p>	<p>DSS respectfully disagrees with CFC that it is appropriate to apply the same call center standards to the Benefits Centers as are required under the LogistiCare contract. This is because LogistiCare is handling just one function - brokering rides for HUSKY Health members – while the Benefits Centers are handling a range of complex interactions. The Benefits Center is staffed by eligibility workers who perform interactive eligibility determinations of a variety of assistance programs, including SNAP, Medicaid, TANF, SAGA Cash, and State Supplement. Eligibility activities for these programs can include, but are not limited to, applications, renewals, required phone interviews, change reporting, general questions, forms requests, and EBT requests. All of these determinations are performed and completed on a same business day basis. Calls are not electronically transferred in the phone system. There is no routine triaging of calls or second level tiering. Therefore, the Benefits Center cannot be described as a typical "call center." The Benefits Center uses call center functionality within a health and human services business structure. It is so much more than just a call center.</p> <p>DSS would also like to outline the function, structure and process associated with its Benefits Center to illustrate that this process is working as DSS has reported. Please see below.</p> <p><i>How does the Benefits Center work?</i></p> <p>The Benefits Center is a virtual phone center comprised of eligibility staff in three physical offices: New Britain, Waterbury, and Bridgeport. There is one main number that creates an Interactive Voice Response (IVR) system and live worker service. The live worker service is called the Avaya Aura Contact Center (AACC). The IVR and the AACC are virtually bridged together using networking technology. This requires the use of a modern SIP trunk technology phone system.</p> <ul style="list-style-type: none"> • The Interactive Voice Response (IVR) is an automated telephony system that interacts with callers, gathers information and routes calls to the appropriate recipient. • An IVR system (IVRS) accepts a combination of voice telephone input and touch-tone keypad selection and provides appropriate responses in the form of voice. • Depending on what selections are made in the IVR a call gets tagged with an address or assigned number that points the call to a specific skillset in the Avaya Aura Contact Center.
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	<p>The AACC that enables live worker service manages call waiting:</p> <ul style="list-style-type: none"> • includes data, such as when the call was passed to AACC from the IVR; • manages associating a call with a skillset and matching that call to a worker with the same skillset; and • provides real-time and historical reports on this data for interactive, real-time performance monitoring. <p>Every eligibility worker component of the Benefits Center is built for functionality. Each worker has:</p> <ul style="list-style-type: none"> • a physical phone; • a soft phone – PC software that utilizes the physical phone; and • screen pop software that creates a window or text box on the PC of the worker that includes the caller information (client ID, program, and reason for calling) that was entered in the IVR and that was passed to the AACC – this enables the worker to respond to the call faster and avoid asking the caller to repeat all of this information. <p><i>How does a call reach a person in the Benefits Center (AACC)?</i></p> <ol style="list-style-type: none"> 1. Call comes in 2. Call goes to IVR 3. Call passes from IVR to AACC - workers are logged into soft phone on their computer ready to answer BC calls 4. Call is routed to a worker from the queue - the screen pop is activated and gets passed the same data that was passed from the IVR to AACC 5. When the call is finished, the worker selects the option on his/her soft phone to go into a not-ready status 6. The metrics of the call (call time, call type, etc.) are recorded by AACC in historical reporting. <p><i>Where does DSS get its Benefits Center metrics?</i></p> <p>The AVAYA software reports contains data retained from the AACC on various metrics for all calls, skillsets, and eligibility workers. These reports are pre-designed in the software. See screen shots of examples below.</p>
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Application Delay Before Abandon								
Report Interval: 2/10/2016 7:30:00 AM - 2/10/2016 4:29:59 PM (GMT-05:00)								
File Name: DSS-VAACCM102								
Table Name: ApplicationStat								
Shiftset Calls	Offered	Answered	Abandoned	% Abandoned After Threshold	Abandon Delay	Maximum Abandon Delay	Average Abandon Delay	
	2261	2196	64	2.83%	54	02:36:27	00:08:08	00:02:29
	GRAND TOTAL							

Application Delay Before Answer								
Report Interval: 2/10/2016 7:30:00 AM - 2/10/2016 4:29:59 PM (GMT-05:00)								
File Name: DSS-VAACCM102								
Table Name: ApplicationStat								
Shiftset Calls	Offered	Answered	Answer Delay at 50:00	Answered After Threshold	Maximum Answer Delay	Maximum Delay at Shiftset	Average Answer Delay	
	2261	2196	47:14:14	944	00:16:13	00:10:13	00:01:17	
	GRAND TOTAL							

DSS does not agree with CFC that eligibility paperwork is being lost.

All documents coming directly to the DSS offices (Service Centers) or to the scanning center are counted, prepped, tracked, scanned, and uploaded into the document management software. As a result, there is an extremely low incidence of lost documents.

DSS' scanning contractor, Scan-Optics, provides daily, weekly, and monthly metrics regarding cycle time of this paper into electronic process. Scan-Optics identifies each document using state-issued form numbers and barcoding, similar to what is used in the grocery store. Anything that is not automatically identified by the scanning machines is manually labeled at Scan-Optics. There are several "batches" or uploads a day of paper into the electronic system for eligibility workers to view. Please see screen shot of the first page of our application demonstrating the state-issued form number, as well as the barcodes used.

	<p>electronically – there are no longer any documents on desks or filed in any offices</p> <ul style="list-style-type: none"> • Online functionality (MyAccount) enabling submission of applications, renewals, change reporting, and monitoring of benefit details • Uploading of supporting documents online within MyAccount • A streamlined telephone process that has significantly reduced call wait times by approximately 70% • A partnership with SafeLink wireless, effective November 2015, allowing current and future LifeLine customers unlimited minutes to call the main Benefits Center number <p>Finally, DSS is working hard to implement our replacement eligibility management system, ImpaCT, to succeed the current 1980s-era system.</p>
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DSS acknowledges that we are accountable to ensure that individuals served by the Department have ready access to, and can easily utilize, the services and supports for which they qualify. We are using best efforts to do so. We also rely, however, on our community partners, and especially members of MAPOC, to help us refine and broadcast the tools and strategies that we have developed with those who participate in our programs. We invite and entreat CFC to join us in this effort.

Respectfully,


 Roderick L. Bremby
 Commissioner

c: Kathleen Brennan, Deputy Commissioner
 Janel Simpson, Deputy Commissioner
 Astread Ferron-Poole, Chief of Staff
 Kate McEvoy, Director, Division of Health Services